ALBERTA SOCIAL SERVICES

PROPOSED CORE STANDARDS

FOR

SERVICE PROVIDERS

March, 1988

INTRODUCTION

The proposed core standards are organized under three headings: Protection of Individual Rights and Safety, Service Planning and Review, and Capacity to Provide Service.

Ways to determine compliance are indicated in italics after each standard.

In this proposal, "service provider" means an organization which is contracted by the Department to provide client services. "Service provider personnel" includes board members, staff, volunteers, and practicum students. "Policy" means written policy and "procedures" means written procedures. In addition, "client" includes the client's guardian, as appropriate, and "client's guardian" may be a departmental employee in some cases. "Department" refers to the Alberta Department of Social Services.

1. PROTECTION OF INDIVIDUAL RIGHTS AND SAFETY

Standard 1.1 - Client Rights

The service provider shall maintain and protect client rights including: rights specified in the Canadian Charter of Rights and Freedoms, the Alberta Individual Rights Protection Act, confidentiality of information, and respect for privacy.

Standard 1.1.1

The service provider shall specify in policy the client rights which will be upheld and its commitment to maintain and protect these rights.

Standard 1.1.2

The service provider shall inform applicants for service and clients of their rights.

(Compliance to standards in section 1.1 may be determined by: examining policy; examining written information provided to applicants for service and clients; interviewing personnel and clients.)

Standard 1.2 - Communicating Responsibilities

The service provider shall establish in policy, and inform clients of, the basic expectations for individuals using the service, including any fees for service which may be charged.

(Compliance to standards in section 1.2 may be determined by: examining policy; examining written information provided to applicants for service and clients; interviewing personnel and clients.)

Standard 1.3 - Appeals

The service provider shall maintain and consistently follow a clear process whereby applicants for service and clients may make appeals when decisions concerning them or services provided them are considered unsatisfactory. This does not preclude appeal to legally constituted appeal bodies to which clients also have recourse.

Standard 1.3.1

The service provider shall establish, in policy and procedures, its commitment to enable applicants for service and clients to make appeals, including the following:

The decisions which may be appealed shall be defined.

An impartial third party who would be involved in the appeal process shall be designated.

Any appeal shall first be reviewed in a personal interview with the individual making it.

Standard 1.3.2

The service provider shall inform applicants for service and clients of the appeal process when service begins, and the service provider shall provide a copy of the appeal policy and procedures to an individual considering making an appeal.

Standard 1.3.3

The service provider and client shall abide by the decision reached through the established appeal process.

Standard 1.3.4

The service provider shall inform, in writing, the individual making the appeal and his or her guardian of the result of any appeal.

Standard 1.3.5

The service provider shall maintain a record of appeals, and, personal interviews and appeal results shall also be documented.

(Compliance to standards in section 1.3 may be determined by: examining policy and procedures; examining records of appeals; interviewing clients.)

Standard 1.4 - Medical Practices

Unless the service provider has a policy indicating that it is not involved in supervision of administration of prescribed medication and diets, and medical procedures, the service provider shall establish and adhere to policy and procedures including at least the following:

Standard 1.4.1

The service provider shall provide prescribed medication and diets, and medical procedures for clients, only with consent of the client or guardian and only on time limited written orders from an appropriate health professional, and a copy of the order shall be maintained on client records. Orders for medication shall be written and signed by a physician.

Standard 1.4.2

The service provider shall specify staff authorized to supervise administration of prescribed medications and diets, and medical procedures, and these staff shall be suitably trained.

Standard 1.4.3

The service provider shall document administration of prescribed medication and client reaction to medication on client records.

Standard 1.4.4

The service provider shall label all prescribed medication with the name and dosage, the name of the client for whom it is intended, the name of the prescribing physician and a number or code identifying the written order for the medication.

Standard 1.4.5

The service provider shall consult with an appropriate health professional prior to administering any over-the-counter medication to clients.

Standard 1.4.6

The service provider shall store medication in a manner that ensures strict safeguards against unauthorized or accidental administration.

(Compliance to standards in section 1.4 may be determined by: examining client records; interviewing personnel; examining the prescribed medications.)

Standard 1.5 - Client Protection

The service provider shall establish and adhere to policy and procedures for managing inappropriate or dangerous client behaviour, including the following:

Standard 1.5.1

The service provider shall prohibit corporal punishment including spanking, use of medication for punishment, or any painful aversive stimulus.

Standard 1.5.2

The service provider shall prohibit the use of discipline which undermines self-respect, including ridicule, sarcasm, shaming, scolding or punishment in the presence of others.

Standard 1.5.3

The service provider shall require personnel and clients to immediately report instances of alleged client abuse to a senior officer of the organization; and shall document these reports and investigate them in accordance with established procedures, including the client's entitlement to legal representation, and with attention to achieving a fair hearing for the client and the person against whom the allegation has been made.

(Compliance to standards in section 1.5 may be determined by: examining policy and procedures; examining the record of reports and investigations; interviewing staff and clients.)

Standard 1.6 - Restrictive Treatment Procedures

"Restrictive procedures" are those which restrain the client's normal range of movement, involve presentation of any substance that is unpleasant to any of the senses, or restrict access to things that would normally be available to the client.

The service provider shall not use restrictive treatment procedures except as part of a documented treatment or training program which has been approved through a procedure involving at least one professional who is trained in use of restrictive treatment procedures, who has adequate knowledge of the client and who is experienced in the methods used; and to which a valid consent has been given by the client or guardian.

The service provider shall establish a committee on restrictive treatment procedures and the service provider shall use these procedures only when the committee has determined that the benefits to the client clearly outweigh the danger or discomfort inherent in the procedures.

(Compliance to standards in section 1.6 may be determined by: examining treatment or training documentation; interviewing staff, clients and guardians.)

Standard 1.7 - Emergency Procedures

The service provider shall respond to emergencies in accordance with established policy and procedures, including the following:

Standard 1.7.1

The service provider may use procedures otherwise regarded as "restrictive" in an emergency situation to manage behaviour which may imminently endanger clients or others, and all such instances shall be documented on client records.

Standard 1.7.2

Service provider staff shall be trained to carry out the service provider's written plan for dealing with fire, medical emergencies, or natural disasters in keeping with the needs of the clients served.

Standard 1.7.3

The service provider shall notify the client's guardian of any significant incidents involving use of emergency restrictive procedures and administration of medication or injury requiring medical attention, and shall maintain a record of notifications.

(Compliance to standards in section 1.7 may be determined by: examining the plan; examining the record of notifications; interviewing staff, clients and guardians.)

2. SERVICE PLANNING AND REVIEW

Standard 2.1 - Service Philosophy, Goals and Approach

The service provider shall establish in policy, and adhere to, a statement of philosophy, goals and approach, including expectations for involvement of families and guardians of applicants for service or clients.

(Compliance to standards in section 2.1 may be determined by: examining policy; interviewing personnel, clients, families and guardians.)

Standard 2.2 - Service Planning

The basis of service provided to each client shall be a general written service plan, and/or, an individual written 3service plan, as stipulated by contract.

Standard 2.2.1 - Individual Service Plan

When an individual plan is used, it shall be agreed to by the client or guardian, the service provider, and, where stipulated by contract, departmental staff, and shall specify the following:

The client's or guardian's perception of service needs or other basis of need for provider's service.

An individual needs analysis.

The service to be provided.

The arrangements by which the client's special needs, including prescribed medications or diets and medical procedures, are to be met.

Restrictive treatment procedures, if any.

Services to be provided by others, and arrangements to be made for obtaining them.

Objectives of the service, indicators to determine when objectives are met, and expected duration of service.

How an effective exit from the service or an effective transition from one service to another, if required, will be made, including planning an effective exit in consultation with the client or guardian and departmental staff.

(Compliance to standards in section 2.2 may be determined by: examining service plans; interviewing staff, clients and guardians.)

Standard 2.3 - Service Review

The service provider shall review the service plan at appropriate intervals, as stipulated by contract, to determine: whether service objectives are being met, whether the service is adequate, whether the service is still necessary, and whether other services may be needed. Results of this review shall be documented.

When an individual plan is used, the review shall involve the client or guardian, and, where stipulated by contract, departmental staff.

(Compliance to standards in section 2.3 may be determined by: examining records which document the review of the service plan; interviewing clients and departmental staff.)

Standard 2.4 - Eligibility

The service provider shall establish in policy, adhere to, and communicate to the public, eligibility criteria consistent with departmental Acts, policy and contracts, which are based primarily upon need, and include a clear rationale for eligibility.

(Compliance to standards in section 2.4 may be determined by: examining the policy; examining the form and content of the public communication; interviewing personnel and clients.)

Standard 2.5 - Continuity

The service provider shall offer information to applicants for whom the provider's services are not suited or not considered acceptable, and clients no longer needing the provider's service, in order to help them obtain services elsewhere.

(Compliance to standards in section 2.5 may be determined by: examining client records; interviewing staff, guardians and departmental staff.)

3. CAPACITY TO PROVIDE SERVICE

Standard 3.1 - Premises and Equipment

The service provider's premises and equipment shall conform to applicable zoning, health, safety, building and fire codes and regulations.

(Compliance to standards in section 3.1 may be determined by: examining relevant documentation.)

Standard 3.2 - Hazardous Materials

The service provider shall store any hazardous materials in a manner that ensures strict safeguards against their accidental use, and shall ensure easy access by staff to the provincial poison control number.

(Compliance to standards in section 3.1 may be determined by: examining hazardous materials storage.)

Standard 3.3 - Responsibilities of Personnel

The service provider shall define in writing the qualifications, duties and responsibilities, and levels of authority for all board members, staff, volunteers, and practicum students.

(Compliance to standards in section 3.2 may be determined by: examining job descriptions and lists of functions.)

Standard 3.4 - Qualifications of Staff and Volunteers

The service provider shall utilize staff and volunteers in accordance with specified qualifications, duties and responsibilities, and levels of authority, and shall review their performance at least annually.

(Compliance to standards in section 3.3 may be determined by: examining appropriate documentation; interviewing staff and volunteers.)

Standard 3.5 - Management of Funds

The service provider shall establish an adequate system of financial control in respect of the following:

> Cheques and cash received, Cheques and cash payments,
> Payment of wages and salaries, Purchases and accounts payable,
> Sales and accounts receivable, Inventory, Fixed assets, and
> Investments.

(Compliance to standards in section 3.4 may be determined by: examining the external auditor's report and letter of representation to the Minister or, in lieu, other documentation or representation as stipulated by contract.)

Standard 3.6 - Accountability

Clear lines of accountability and authority shall exist at all levels of the service provider's organizational structure and shall be clearly documented and made available to all personnel including board members, staff, and volunteers.

(Compliance to standards in section 3.5 may be determined by: examining the organizational chart; interviewing personnel.)

Standard 3.7 - Conflict of Interest

The service provider shall minimize the possibility of conflicts of interest among members of the board(s), staff, consultants and volunteers by establishing and adhering to policy and procedures which require these individuals to abstain from matters in which they may have a disqualifying interest, and which address financial interest in assets, leases, business transactions and professional services.

(Compliance to standards in section 3.6 may be determined by: examining policy and procedures; interviewing personnel.)

Standard 3.8 - Performance Review

The service provider shall review and document its overall performance including performance in terms of achieving desired results for clients and report to the Department at least annually, and quarterly if stipulated by contract.

The service provider will participate with the Department, as required, in any departmental review of performance.

(Compliance to standards in section 3.7 may be determined by: examining relevant documentation; interviewing personnel and clients.)